## PART B - FEE(S) TRANSMITTAL

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49437 7590 05/20/2008

BARNES & THORNBURG LLP (Roche) 11 SOUTH MERIDAN STREET INDIANAPOLIS, IN 46204

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.

| (Depositor's name)      |                     |                      |             |                 |
|-------------------------|---------------------|----------------------|-------------|-----------------|
| (Signature)             |                     |                      |             |                 |
| (Date)                  |                     |                      |             |                 |
| ET NO. CONFIRMATION NO. | ATTORNEY DOCKET NO. | FIRST NAMED INVENTOR | FILING DATE | APPLICATION NO. |
| 8938                    | 5727-65998          | Carol Jane Batman    | 01/12/2001  | 09/555.718      |

TITLE OF INVENTION: INSTRUMENT SETUP UTILITY PROGRAM

| AFFEN, LIFE   | SMALL ENTITY  | 18306 786 006           | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE | DATEDOE                  |
|---|---|-------------------------|--|--|------------------|--------------------------|
| nonprovisional  | NO  | \$1440                  | \$0  | \$0  | \$1440           | 08/20/2008               |
| EXAN  | INER  | ART UNIT                | CLASS-SUBCLASS   |  |                  |                          |
| VU, TH  | IONG H  | 2619                    | 709-200000   |  |                  |                          |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563)  Change of correspondence address (or Change of Correspondence Address form "FOSB'I2.2) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOSB'I4? Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |                         | or agents OR, alternative<br>(2) the name of a single<br>registered attorney or a          | 3 registered patent attorn<br>/ely,<br>e firm (having as a membragent) and the names of up<br>meys or agents. If no name | era 2            | & Thornburg LLI          |
| PLEASE NOTE: Un   | less an assignee is ident<br>h in 37 CFR 3.11. Comp | ified below no assignee | THE PATENT (print or type<br>data will appear on the part<br>T a substitute for filing and | etent. If an assignee is id  |                  | ument has been filed for |

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖼 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

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Indianapolis, IN

5. Change in Entity Status (from status indicated above)

Advance Order - # of Copies

Roche Diagnostic Operations, Inc.

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

May 23, 2008

Richard D. Conard Registration No. 27321 Typed or printed name

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